

Mentalization and affect regulation: a path to the heart?

How can systemic practitioners benefit from an understanding of affect regulation, mentalization and the early development of the self? It seems to me that this is a critical area of psychological knowledge that can weave together psychoanalytic and systemic thinking. Possibly it can throw light on the working of the unconscious mind in a manner that is entirely compatible with systemic practice. Its core ideas are resonant with attachment theory, systemic mindfulness practice, re-writing family scripts and systemic narrative therapy. Recently a couple in work with me were struggling to understand the impact of his diagnosis of bi-polar disorder on their family relationships. Our therapeutic work had often lingered, quite usefully, in a conceptual understanding of what was going on. It then slid into quite another dimension when she revealed her deep feelings of sadness. The following week he took centre stage yet again as he revealed in a feisty but beaten way how her sadness was a criticism of his failure as a husband. My co-transference was to be filled with astonishment that her sadness, far from evoking any tenderness, provoked his shame and anger. My thinking literally stopped and as the silence yawned between I gathered myself up and into me came his sense of her as his critical mother. Again and again he was the boy in these sessions and she the head-girl mother, who shelved her own feelings to beat a path forward through life. See Elsa Jones (2000) for an excellent systemic formulation of this. As I averred to this he looked at us both with astonishment and her eyes filled with tears. "That's so true", he said, "how I've struggled against that privately, but what can I do about it?"

Rekindling Experience

Peter Fonagy and his colleagues argue that our unconscious mental life emerges from early experience and shapes our capacity to think and feel (Fonagy et al, 2002). This idea is hardly new, however they advance the notion familiar to those psychoanalytic psychotherapists who espouse an intersubjectivist perspective on the primacy of lived experience, rather than unconscious phantasy in shaping mental life. This being so, psychotherapy "is about the rekindling of mentalization" (p368). In all psychotherapy, they argue, we attempt to establish an attachment relationship and aim to use this to create an interpersonal space in which the people with whom we are working have a sense of themselves in a therapeutic relationship in which critical and formative experiences of self can be rekindled and worked through to different conclusions.

Mentalization as a Thinking/feeling Mind

The very word 'mentalization' can push our thinking off in a cognitive, intellectual direction. We might imagine that the primary focus of this form of psychotherapy is likely to be the uncovering of meaning. Of course the discovery of meaning is of singular importance but of possibly greater importance is the capacity for 'affective mentalization' that is the capacity to simultaneously feel and think: to inhabit our feelings in a recursive manner whereby we are able to have greater choice over how feelings are expressed. Of key importance to this process is how feelings are regulated, in other words how they are felt as bodily and mental sensations and as such registered and modulated. If feelings are

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registered simultaneously in this way, in the body and mind as affective mentalizations, we develop the capacity for more recursive choice over the intensity of feelings, their duration, their meanings (which may be multi-layered) and their expression. Returning to the example of the work above may amplify our understanding of these undoubtedly complex ideas.

When my patient revealed that he had experienced his wife over time as if she were his critical mother this was not a new thought to him, indeed he had felt trapped by it over a long period of time, "What can I do about it?" he had asked. At home when these feelings erupted his response was to feel intense rage, to damage himself; to punch the walls and hurl stuff around in a way that frightened his wife and children, although over time because he never physically harmed them they also responded with wry and dark humour. His wife also felt shame, anger, despair and hurt. In couple psychotherapy they passed through many similar moments which never erupted in quite the same way as they did at home. The pattern was one of him responding to her sometimes forceful suggestions about how he could organise his life with humour, sometimes crossness, often exasperation but always rather fixed in a role pattern in which he was the patient and she the accompanying partner. She described herself as an emotionally shy woman; rather a paradox because she was actually quite outspoken about her thoughts and opinions but reflected that she was always loathe to discuss her feelings. "It's not the way us folk do things", she had said with humour when we started work together. So initially she carved out a safe position for herself, but as the work progressed she engaged openly and emotionally. However, as we saw above, some of her feelings could not be tolerated by her husband and in the warp and weft of the work I began to get an inkling internal to my sense of being with them of what this was about. Such inklings are guesses, perhaps emotional hypotheses, in which one uses ones body to be with the patient. With an internal 'eye' I scan my emotions and physical sensations of being with them; I use the odd thoughts and fantasies that arise in me to be alert to currents of feeling that are evoked; I pay attention to the intensity of feeling and seek to regulate my emotional composure so there is some intentional and therapeutic coincidence between what I am experiencing and how I connect with the couple in what I might say.

The Intersubjectivity of Emotions

The beautiful thing about emotions is that they are not truths; they are utterly and simply and purely subjective phenomena. So it is my subjectivity I bring to the encounter, not a truth of what I see, hence when our work is intersubjective it is intersubjective because emotions communicate and as much as one "can't not communicate" one can also not not have feelings and feelings are richly communicative. What attachment theory teaches us is that human survival itself depends upon emotional attunement. We are endowed at birth with a limbic system that arouses us to danger and safety and to need and satiety. Through the caregivers attunement to its basic needs an infant imbibes from the caregiver the nuances of responsiveness and develops the capacity to self regulate and balance its own internal state (Siegal, 2004). It is literally through this push and pull between infant and caregiver that the infant develops a social brain which is richly endowed with the capacity to experience a range of feelings that will equip it for social life (Gerhardt, 2004).

Emotional Attunement

In therapeutic work one enters these layers of learnt responsiveness and rather like a parent attunes themselves to the push and pull of emotions of their child (Holmes, 1996). The wife's desire not to communicate feelings was full of emotion: her subtle self-regulation of feeling internalised her emotional expressiveness in a way that gave her greater control over what she gave away of herself. She had learned this as a child with an angry father as she tip-toed around his emotional bullying, careful not to upset him. As we passed through the encounter between the couple many times in which the husband was angry the wife learned that his anger more akin to that of a hurt and humiliated child, not her father's tight and implacable rage and she began to feel more safe, more responsive to him and moved to tears at times. "It makes me very sad to understand you like this", she said, "and it also brings up for me a sadness that we have missed so much of these feelings in ourselves". The session ended with both mourning the lost opportunities in their marriage.

Mourning often leads to reparation and in the session that followed described above, I experienced shock that he experienced her sadness as criticism. However, our emotional responsiveness being at odds with each other was also a clue to what was going on. It demanded from me an effort to attune, to imagine his state of mind. This capacity to experience the mind of another is at the heart of mentalization. It involves the ability to imagine a model of the other mind and their sense of internal working models of self and relationships. We each develop this capacity in our early relationship with our caregivers. Through their responsiveness to us we build up a sense of another mind and sensibility at work: we grow a model of our caregiver's mind caring for us, anticipating our needs. Through this process, a sense of knowing and being known develops that is at best attuned, responsive and reciprocal. Mind here is meant, as throughout this article, in a holistic sense of the mind in the body, vitalised and at one with emotions and physical sensations and, most importantly, always in relationship with others.

But what can I do about it?

When I brought into our collective consciousness the thought that his wife was not his mother the husband was filled with unmistakable rage that rose and diminished. His question, "But what can I do about it?" was actually answered by mentalization. We worked away at the realization that she is not his mother relationally: he saw her tears, felt her as mother, became enraged, felt contained by the therapeutic setting and came through it without self-harm. Therapy is inevitably shaped by equifinality, paths co-evolve and return repeatedly to significant moments and as such we returned to the moment again in another session. He experienced her as moved and in tears, felt aroused but simultaneously 'knew' this aroused state of emotion might not be just rage but also sadness and in his knowing felt the layers and nuances of his emotions, shame, anger, sadness, internally focused in a way that enabled him to modulate himself and finally reach out to her.

My choice in working with this couple was to 'work in the here and now'. In other words to make primary use of my relationship with them and the moment by moment unfolding of therapeutic opportunities to create reflective interludes that enabled significant

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moments of mentalization. This is one systemic choice of working; another systemic version might be to be more descriptive of what is unfolding a sort of, “Hey, have you noticed what you are doing with each other? She gets sad and you get angry but if you were to pause long enough to notice that she’s not your mother you might be able to cool and settle into your feelings sufficiently to tune into her sadness”. Another version might be to search for the narratives in the couples life stories both present and past that create and sustain their mentalizations. For instance, “I notice that you are aroused by her sadness and I wonder if that has something to do with the ways you experienced your attachment to your mother as a boy. Yet another version might be a systemic mindfulness approach, counselling him to focus on his emotions with ‘bare attention’ and non-judgemental acceptance, thereby noticing thoughts and feelings are temporary phenomena that arise and pass away, rich and varied in the emotional and mental associations and states of mind they evoke (Germer, 2005).

If in each of these versions to a systemic approach we can conceive of the warp and weft of people’s mentalizations we can build up our relational picture of their internal model of self and others. Perhaps in our observation and emotional responsiveness to them we can understand that there is something isomorphic between the internal self and the flow of feelings that emerge relationally in the therapeutic encounter. Of critical importance is the support for the developing capacity for affective mentalization; the recursive coincidence of thought and feeling; the uncovering of what might be described in centuries past as the path to the heart.

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